

09/834848

POSITION	NAME	ID NO.	DATE
FEE DETERMINATION	MW	24/13-01	
O.L.P.E. CLASSIFIER	10	31/0	
FORMALITY REVIEW	SM	902	06/07/61
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final	Date
1	Original	
2	Original	
3	Original	
4	Original	
5	Original	
6	Original	
7	Original	
8	Original	
9	Original	
10	Original	
11	Original	
12	Original	
13	Original	
14	Original	
15	Original	
16	Original	
17	Original	
18	Original	
19	Original	
20	Original	
21	Original	
22	Original	
23	Original	
24	Original	
25	Original	
26	Original	
27	Original	
28	Original	
29	Original	
30	Original	
31	Original	
32	Original	
33	Original	
34	Original	
35	Original	
36	Original	
37	Original	
38	Original	
39	Original	
40	Original	
41	Original	
42	Original	
43	Original	
44	Original	
45	Original	
46	Original	
47	Original	
48	Original	
49	Original	
50	Original	

Claim	Final	Date
51	Original	
52	Original	
53	Original	
54	Original	
55	Original	
56	Original	
57	Original	
58	Original	
59	Original	
60	Original	
61	Original	
62	Original	
63	Original	
64	Original	
65	Original	
66	Original	
67	Original	
68	Original	
69	Original	
70	Original	
71	Original	
72	Original	
73	Original	
74	Original	
75	Original	
76	Original	
77	Original	
78	Original	
79	Original	
80	Original	
81	Original	
82	Original	
83	Original	
84	Original	
85	Original	
86	Original	
87	Original	
88	Original	
89	Original	
90	Original	
91	Original	
92	Original	
93	Original	
94	Original	
95	Original	
96	Original	
97	Original	
98	Original	
99	Original	
100	Original	

Claim	Final	Date
101	Original	
102	Original	
103	Original	
104	Original	
105	Original	
106	Original	
107	Original	
108	Original	
109	Original	
110	Original	
111	Original	
112	Original	
113	Original	
114	Original	
115	Original	
116	Original	
117	Original	
118	Original	
119	Original	
120	Original	
121	Original	
122	Original	
123	Original	
124	Original	
125	Original	
126	Original	
127	Original	
128	Original	
129	Original	
130	Original	
131	Original	
132	Original	
133	Original	
134	Original	
135	Original	
136	Original	
137	Original	
138	Original	
139	Original	
140	Original	
141	Original	
142	Original	
143	Original	
144	Original	
145	Original	
146	Original	
147	Original	
148	Original	
149	Original	
150	Original	

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

Best Available Copy